

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
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42						
43						
44						
45						
46						
47						
48	/	/				
49		/				
50						
Total Indep						
Total Depend						
Total Claims						

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53		/				
54	/	/				
55		/				
56		/				
57		/				
58		/				
59		/				
60	/	/				
61	/	/				
62		/				
63		/				
64		/				
65		/				
66		/				
67	/	/				
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69		/				
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85		/				
86		/				
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89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97	/	/				
98		/				
99	/	/				
100		/				
Total Indep	4					
Total Depend	32					
Total Claims	36					